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SERIAL NUMBER 10/775,775	FILING OR 371(c) DATE 02/09/2004 RULE	CLASS 604	GROUP ART UNIT 3763	ATTORNEY DOCKET NO. 08014-UPA
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APPLICANTS

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**** CONTINUING DATA *********** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
 ** 05/06/2004

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY TN	SHEETS DRAWING 3	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

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56758

TITLE

REINFORCED MEDICAL PROBE COVER

FILING FEE RECEIVED 685	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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